



# Montgomery Fire/Rescue Physician's Release Certificate



**All portions of this certificate to be completed by Physician's Office ONLY**

## **I Use of Personal Sick Leave**

\_\_\_\_\_ was under my care  
Print Name

from \_\_\_\_\_ to \_\_\_\_\_ and  
Date Date

may return to full duty on \_\_\_\_\_ with  
Date

**No Limitations and No Restrictions.**

## **II Use of Family Sick Leave**

*This section is to be completed by the Physician if a family member's illness required the attendance/care of the Employee.*

The absence of \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_ ,  
Print Employee's Name Date Date

was required to allow him/her to attend/care for \_\_\_\_\_,  
Family Member Treated

who was treated by this office.

### **Physician Information**

\_\_\_\_\_  
Medical Facility Name

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

***Any employee that falsifies or alters any portion of this document shall receive disciplinary action up to and including termination as stated in Montgomery Fire/Rescue Rule - Article II section 314.***